

# EMPLOYEE PERFORMANCE REVIEW AND RATING

## PART I. GENERAL INFORMATION

EMPLOYEE'S NAME			SOCIAL SECURITY NUMBER	CORRESPONDENCE SYMBOL	PAY	
LAST	FIRST	MI			PLAN	GRADE
TYPE OF RATING		REVIEW PERIOD		TYPE OF POSITION		
<input type="checkbox"/> ANNUAL <input type="checkbox"/> INTERIM		FROM	TO	<input type="checkbox"/> SUPERVISORY <input type="checkbox"/> NONSUPERVISORY		

## PART II. CRITICAL ELEMENT RATING *(Attach performance plan) (Use additional forms if there are more than 7 critical elements)*

CRITICAL ELEMENT	RATING <i>(Check one)</i>		COMMENT ON THE EMPLOYEE'S PROGRESS TOWARD MEETING THE PERFORMANCE STANDARD FOR EACH CRITICAL ELEMENT <i>(Use additional pages if necessary.)</i>
	SUCCESSFUL	UNSUCCESSFUL	
1.			
2.			
3.			
4.			
5.			
6.			
7.			

### PART III. SUMMARY RATING

SUCCESSFUL                       UNSUCCESSFUL

### PART IV. PROGRESS REVIEW CERTIFICATION

PROGRESS REVIEW COMPLETED                      DATE

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**PART V. COMMENTS ON OVERALL PERFORMANCE**

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COMMENT ON THE EMPLOYEE'S OVERALL PERFORMANCE CITING SPECIFIC EMPLOYEE PROJECTS OR OUTPUTS. USE ADDITIONAL PAGES, IF NECESSARY.

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**PART VI. TRAINING AND DEVELOPMENT**

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DISCUSS PROFESSIONAL GROWTH NEEDS AND AVENUES WHICH THE EMPLOYEE CAN PURSUE TO MEET THESE NEEDS. USE ADDITIONAL PAGES, IF NECESSARY.

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**PART VII. SIGNATURES**

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RATING OFFICIAL	NAME OF RATING OFFICIAL	DATE
REVIEWING OFFICIAL <i>(Necessary only if rating is at the unacceptable level)</i>	NAME OF REVIEWING OFFICIAL	DATE
EMPLOYEE <i>(Indicate only that a copy of rating was received, not necessarily agreement with the rating.)</i>		DATE